

City of Fairfield
Community Resources Department
SPRING 2013 Preschool Program
Scheduled Payment Agreement



1. We will charge a **\$65.00** non-refundable processing fee due upon entering into this agreement, payable by cash, check, or Visa/MasterCard. _____
2. Your Visa/MasterCard will be charged the monthly Preschool registration fee on the dates as follows: **Dec. 15** for the Jan. Session, **Jan. 15** for the Feb. Session, **Feb. 15** for the Mar. Session, **Mar. 15** for the Apr. Session, **Apr. 15** for the May session.

3. If you choose to pay prior to the automatic withdrawal it must be completed by the last business day prior to the 15th or your card will be charged. _____
4. If your Visa/MasterCard transaction is declined, your child may be withdrawn from that month's Preschool class in addition to a \$27.00 declined credit card fee to reinstate your account to good standing. _____
5. If your card is declined for two different months, while your child is enrolled in our program, the scheduled payment agreement is **immediately** cancelled, and we will require you to pay the remaining classes in full to continue enrollment. _____
6. If your Visa/MasterCard expires **before** May 2013, is lost or stolen, or is changed by the issuing bank, you will need to call (707) 428-7714 to inform them of the new expiration date or you will be subject to a \$27.00 declined card fee. _____
7. City of Fairfield Staff will **no longer** call if your card is declined; however, we can generate an email notification. It is your responsibility to check your account to see if the payment was processed. If payment has not been received by the close of business on the 15th your child will be withdrawn from that month's class and you could forfeit your spot if there is a waitlist for the class. _____
8. If you choose to withdraw your child from the Preschool program before this agreement ends, it will be your responsibility to inform the City of Fairfield Registration Staff. We will then withdraw your child and cancel your scheduled payments, less a \$5.00 per class withdrawal fee. _____

I understand and agree to the above-stated scheduled payment terms and conditions:

Name: _____ Email: _____
Signature: _____ Phone #: _____

If you have any questions regarding the Preschool Program or this agreement please contact **Roberta Alesi** at **(707) 428-7652**.